

EXHIBIT R



INSTRUCTION: This form is the official document used by employees to bring a complaint to management's attention in accordance with the Grievance Procedure (Policy # 2005-09). In order to assure that each complaint is resolved as quickly as possible; time limits have been established by policy. Failure to submit a grievance or to appeal a Step 1 response in a timely manner will result in a forfeiture of your rights to resolve a problem through this procedure. For assistance in filing a Grievance, please contact Human Resources

SECTION A: TO BE COMPLETED BY THE DEPARTMENT HEAD AND EMPLOYEE

If it becomes clear that a Manager and employee cannot resolve a complaint in an informal manner, complete Section A, sign the Grievance Form and encourage the Employee to consider submitting the issue for formal grievance review. Both the Manager and Employee must agree on the contents of the Summary of the Complaint and Unresolved Issues. The Department Director/Head must indicate the last day to file a timely grievance in accordance with Policy 2005-09. The completed Grievance Form is submitted at Step 1 by bringing it to the Director of Human Resources.

NAME: Jane Doe _____

DATE OF INCIDENT: August 24, 2022 _____

SUMMARY OF COMPLAINT: See Attached.

UNRESOLVED ISSUE (S): See Attached.

STATEMENT OF EMPLOYEE'S DESIRED OUTCOME: To be reinstated to the position of Field Appraiser in the Tax Assessment office, permitted and assigned work, and to be added to the Appraisers list regarding assigned districts. I am requesting that I be managed by an independent outside management firm. Most importantly, I want to be treated fairly.

LAST DAY TO SUBMIT A TIMELY GRIEVANCE: _____

On _____ the employee and I met to discuss the above complaint. Having failed to reach a satisfactory resolution of the issues, I have provided the employee this Grievance Form and encouraged the employee to submit the issues (s) to formal resolution, without fear of any reprisals.

Department Director/Head Signature

Immediate Supervisor's Signature

By my signature below I acknowledge that I have attempted to resolve my complaint with my supervisor (s) and/or Department Director/Head and am unable to do so. The above Summary of Complaint, Unresolved issues and Desired Outcome are accurate.

Jane Doe

Grievant's Signature ✓

September 19, 2022

Date

SECTION B: STEP 1 RESPONSE TO BE COMPLETED BY THE DIRECTOR OF HUMAN RESOURCES

The Director of Human Resources must meet with the Grievant and Department Manager and otherwise investigate the complaint and provide the Grievant with a written response within 7 days from the date of receiving this Grievance Form.

Date Received

Receivers Initials

Date Response Due

RESPONSE:

Director of Human Resources Signature

Date Response given

LAST DATE TO APPEAL DECISION TO THE GRIEVANCE COMMITTEE _____

SECTION D: STEP 2 APPEAL TO BE COMPLETED BY THE GRIEVANCE COMMITTEE AND COUNTY ADMINISTRATOR

The Grievant must appeal a Step 1 response within 7 days from the date of receiving it. An appeal must be brought to the Director of Human Resources for processing. The Grievance Committee will provide it written, final determination within 20 days of receiving a Step 1 response.

Date Received _____ Receivers Initials _____ Date Response Due _____

RESPONSE:

Grievance Committee Chairperson

Date

County Administrators review/comments:

County Administrators Signature

Date